

Testimony of Stephen J. Bartels, MD, MS.
To the Policy Committee
Of the White House Conference on Aging
Health Delivery System Barriers and Solutions
January 24, 2005

Chair Person and Members of the White House Conference on Aging Policy Committee

My name is Dr. Stephen Bartels. I am a representative of the American Association for Geriatric Psychiatry and the Geriatric Mental Health Foundation within the National Coalition on Mental Health and Aging. I am also a Professor of Psychiatry at Dartmouth Medical School. In 2002 and 2003 I had the privilege to act as the expert consultant to the Subcommittee on Older Adults for the President's New Freedom Commission on Mental Health. This morning I would like to take several minutes to summarize the findings and recommendations of this subcommittee.

First, a brief summary of findings:

- The mental health system of services for older persons is fragmented across multiple providers and funding streams.
- Access to appropriate and effective services are also complicated by a mismatch between the current system of care and the needs and preferences of older adults. Approximately half of all Medicare and Medicaid mental health funds are dedicated to hospital and nursing homes treatment, though older adults prefer to receive mental health services in home and community based settings.
- Other barriers to access include a required 50% co-payment for psychological services under Medicare; lack of available transportation, and the stigma associated with mental illness and advanced age. As Hikmah Gardiner, an older consumer described to the commission on mental health, if you are old, have a mental illness, and also are African American, you face a triple stigma.
- Older persons are more likely to receive inadequate, inappropriate, or no mental health care at all, compared to younger persons.
- Despite considerable research findings clearly demonstrating that there are effective treatments for late life mental disorders, there is a profound gap between research findings on effective treatments for mental disorders in older adults, and the quality of clinical practice in usual care settings.
- Current problems in the quality of mental health services in the community are only likely to worsen in the future due to an underinvestment in research on late life mental disorders.

- The critical role of prevention has been neglected, as illustrated by the fact that older adults have the highest suicide rate of any age group, despite most making a visit to their primary care physician in the week prior to committing suicide.
- Finally, there is a dramatic shortfall in a trained workforce to address the mental health needs of an aging America.

Three major areas were identified for policy recommendations and reforms: (1) access, (2) quality of services, and (3) workforce and caregiver capacity.

1) Improve Access and Continuity of Care

- There is compelling evidence supporting the effectiveness of integrated mental health services in primary care. There are also multiple studies supporting the effectiveness of multidisciplinary outreach services in identifying and providing treatment of older adults with mental health problems in the community.
- A primary recommendation from the President's Commission is for CMS to revise payments to support integrated mental health services in primary care by allowing same day medical and mental health procedures.
- In addition, appropriate mechanisms should be developed to provide reimbursement for multidisciplinary mental health outreach teams providing assessment and treatment services in home and community-base settings.
- Care management should be promoted by CMS and appropriately reimbursed to coordinate services for older adults with mental disorders across different service providers, agencies, and settings.
- Medicare mental health parity legislation should be passed to eliminate the discriminatory 50% co-payments under Medicare for psychological services.
- The growing gap between mental health provider costs and rates of payments needs to be addressed by adjusting the Medicare rate structure if we are to stem the tide of providers declining treat Medicare beneficiaries.
- Finally, barriers to mental health services due to stigma need to be addressed by a national campaign by HHS, AoA, and other appropriate agencies promoting public and professional awareness that mental disorders in older adults are a public health problem that can be prevented and treated.

2) Improve Quality of Mental Health Services for Older Adults

- A national initiative should be supported by SAMHSA, NIMH, AoA, and CMS to disseminate and implement geriatric evidence-based mental health practices in routine service delivery settings including aging network, long-term care, primary

care, and settings where older adults seek and receive services.

- An increase in funding to NIMH, NIA and other federally supported research agencies is needed for research on the causes and treatments of mental illness in older adults if we are to address the public health challenge of prevalent mental health problems in an aging America.
- Mental health, substance abuse, and cognitive screening and prevention programs for older persons should be promoted by the CMS, CDC, SAMHSA, and NIH, and should be reimbursed by private health insurance programs and Medicare.
- Finally, CMS should promote consumer preferences and shared decision making in shaping the goals of mental health treatment.

3) Improve Workforce Capacity and Caregiver Support

I will address recommendations for improving the professional workforce capacity in a later panel. However a vital component of the workforce that is commonly neglected are caregivers who are often family members of the older person with a mental disorder.

- Family caregiver support interventions have been proven to be effective in preventing unnecessary nursing home placement of persons with mental disorders and in preventing disabling depression in the caregiver. CMS should be directed to develop codes that support evidence-based caregiver support interventions that are currently not covered by Medicare or Medicaid.
- There is a need for promoting partnership between federal programs and advocacy organizations and directing state and county health systems to support development of peer support programs specifically for older persons

In closing, we strongly encourage that the final recommendations of the White House Conference on Aging explicitly embrace the principle that mental health is vital to physical health, and that quality mental health services are essential to effective health care and health promotion. The work of the Older Adult Subcommittee of the Older President's Commission on Mental Health provides a valuable summary of specific approaches to improving access, quality and workforce capacity in order to address the current and growing needs of older adults with mental health needs in America.

I would like to thank the committee for the opportunity to testify here today and I will be happy to answer any questions.